

Squamish Mental Health & Substance Use Servi	ces			Ph: 778-8	394-3200	Fax: 604-815-4197
Whistler Mental Health & Substance Use Service	s			Ph: 604-	698-6455	Fax: 604-932-6953
Pemberton Mental Health & Substance Use Services				Ph: 604-698-5861		Fax: 604-894-6491
Foundry Sea to Sky Youth Services*					567-9347	Fax: 604-898-6391
*Foundry STS accepts referrals for youth aged 12	-19 wi		ary substance ghout STS	use con	cern and refe	rrals for <u>ALL</u> clients aged 19
Date:	F	Referred I	Ву:			
Referee Phone:	F	Referee F	ax:			
Is referral source same as Family Physician: Yes	; □	No				
If not, Family Physician:		_Ph:		F	ax:	
Is Family Physician Aware of Referral: Yes 🛛	No 🗆	Is Clier	nt in Agreemen	nt with R	eferral: Yes	🗆 No 🗆 Clt Unaware 🗆
Client Name:	C	DOB:			Gender	:
PHN:	P	h:			Email: _	
Preferred Method of Contact: Phone	-	Text 🗆	Email 🛛			
Alternate Contact:	Pł	none:			Relationship	0.
Physical Address:						
Mailing Address:						
Presenting Concern/Diagnostic Question:						
Psychiatric Hx: (attach relevant notes & screening	questi	onnaires)				
Substance Use Hx:						
Current Medications: (attach med profile)						
Psychotropic medications trialed/outcomes:						
Requesting consultation with Psychiatrist:	Yes	6 D	N	lo 🗆		
Other Services/Specialists Involved: (attach rele	vant o	ollateral)			
Risk of Self Harm/Suicidal Ideation	Low		Medium		High	
Risk of Harm to others/Homicidal Ideation	Low		Medium		High	
Risk of Overdose	Low		Medium		High	
Insight	Intact		Fair		Poor	
WE DO NOT PR		E MED		ASSES	SMENTS	